

American Osteopathic Board of Family Physicians

Osteopathic Continuous Certification in Family Medicine

Implementation date January 1, 2013

Rationale and Purpose

The American Osteopathic Board of Family Physicians (AOBFP), in accordance with the American Osteopathic Association (AOA) Board of Trustees adopted Resolution 47, A/05, and Bureau of Osteopathic Specialists (BOS) recommendations, has adopted the policy that certification should be a continuous process rather than a single event. Therefore, the AOBFP has instituted mandatory Osteopathic Continuous Certification (OCC) for physicians holding time-limited certification in the practice of Family Medicine and Osteopathic Manipulative Treatment. This is a process by which the American Osteopathic Board of Family Physicians (AOBFP) will assess its diplomates on an ongoing basis to ensure that family physicians remain current with standards of practice for Osteopathic Family Medicine. This process will provide certified osteopathic family physicians with the opportunity to evaluate and improve their knowledge base and will facilitate the incorporation of evidence-based medicine into their practices. It includes components that occur on a continual basis throughout an eight-year cycle. Concepts such as management of chronic disease, patient safety, prevention and screening, and continuous quality improvement are embedded in the OCC process to affirm that the Osteopathic Family Physician has demonstrated, using measurable indices, that quality patient care is being practiced. The goal of the process is to provide enhanced patient care and a consistent method for the evaluation of osteopathic medical care.

Physicians receiving certification after January 1, 2013 will be required to complete the criteria designated for each eight-year cycle. Following successful completion of the OCC process, diplomates will have a new time-limited certificate issued. Failure to successfully complete the OCC process prior to the expiration of their current certificate will result in inactivation of certification. Individuals in this category will no longer be considered diplomates of the AOBFP and may not advertise or otherwise designate that they are certified.

OCC will be strongly encouraged for those with non-time dated certification (certificates dated prior to March 1997). A transition schedule for moving those already certified/recertified by the current process into the OCC process is addressed later in this document.

Requirements of Osteopathic Continuous Certification in Family Medicine

The core competencies that will be incorporated include: Osteopathic Philosophy and Osteopathic Manipulative Medicine, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice Based Learning and Improvement, and System-Based Practice. Assessment of the core competencies is specified below.

1. Osteopathic philosophy and application of manipulative medicine will be evaluated by responses to items on the proctored computerized examination (PCE), and the Osteopathic Manipulative Treatment (OMT) performance examination (OMTPE).
2. Medical knowledge will be evaluated by responses to items on the PCE and on the post tests of the Practice Performance Assessment and Improvement modules. Questions will be updated on an ongoing basis to remain current with developments in the medical literature.
3. Patient care will be evaluated by responses to items on the PCE and on the post tests of the continuous assessment process, and practice performance data.
4. Interpersonal and communication skills will be assessed in a self-assessment module to be developed in concert with the AOA BOS.
5. Professionalism will be assessed by responses to items on the PCE as well as self-assessment modules addressing the topics of professional behavior, bio-medical ethics, and cultural competency.
6. Practice- based learning will be assessed in the Practice Performance Assessment and Improvement modules. The contents of the modules will be based on the principles of life-long learning with requirements of reading and assimilating - evidence-based medicine articles of reference, performing self-assessment of practice performance and receiving a score comparing each individuals practice to national standards. Physicians will then be required to reassess their practice competencies/outcomes after a period of time and will receive a quality improvement score.
7. Systems- based knowledge will be assessed by responses to items on the PCE or self- assessment modules. The areas of cost- effectiveness, patient safety and team approach to medical care will be evaluated.

Components of the OCC process

OCC Compliance/Recertification will be achieved only after successful completion of all components

Component 1 – Unrestricted Licensure

A candidate must hold an unrestricted license to practice medicine in a state or territory of the United States. An applicant that has a restricted license may petition the Board for the ability to enter the OCC process based upon review of the reason for licensure restriction.

Component 2 – Lifelong Learning/Continuing Medical Education

A candidate will maintain ongoing CME requirements validated by the AOA. In addition to the basic requirements established by the AOA for membership (120 hrs. with 30 in 1-A), the AOBFP requires an additional 30 family practice hours, which may be acquired in any category, for a total of 150 hrs. per three-year CME cycle. A minimum of 50 hours per three-year cycle must be in the primary specialty area. The category and number of hours applicable to the primary specialty is determined by the AOBFP.

Component 3 – Cognitive Assessment - (Years 7-8 of 8-year certificate term)

Part 1:

A candidate must successfully complete a proctored, computerized examination every eight years, which will be offered twice yearly at regional test sites located throughout the United States. The exam may be completed up to two years prior to the expiration of the certificate (in the seventh or eighth year of the candidate's certificate cycle). The examination is based on the results of a work force task analysis conducted as a portion of the standards review process required by the Bureau of Osteopathic Specialists and tests knowledge and problem-solving ability relevant to family medicine.

Part 2:

The Osteopathic Manipulative Treatment (OMT) performance examination is required of every certification and recertification candidate. This is a standardized assessment of a candidate's competence in performing OMT. This will be offered twice yearly at the spring and fall convention sites. The candidate must complete this OMT performance examination once in the eight year certification cycle, and it may be taken up to two years prior to the completion of the cycle.

Failure to pass both parts of the cognitive examination by the end of the OCC cycle results in the loss of certification. Unsuccessful candidates are allowed two retake examinations thereafter, and the Board will further review the candidate file if the candidate is unsuccessful after those retake examinations.

If the failure/s is/are at the end of the 8-year recertification period, the candidate's certification will be inactivated. The OCC cycle will not begin again until the candidate successfully completes the cognitive examination and is awarded recertification. The candidate would then

be required to complete measure sets and educational modules within the specified timeframe, as will be required of all physicians in the OCC process.

Component 4 – Practice Performance Assessment and Improvement

The diplomate will demonstrate performance improvement in knowledge and skills. A diplomate's scores may be compared to national benchmarks and standards of care based on documented evidence.

Module Completion Components and Timeline

1. Each certification cycle (years 1 thru 6 of 8-year certificate term)
 - a. Each full scope clinical practice diplomate must complete the required number of clinical Osteopathic Continuous Certification Assessment Program (OCCAP) modules and two modules selected from an approved list of "professionalism" modules.
2. Each three-year cycle requirement
 - a. All diplomates are required to complete two (2) three-year cycles (years 1-3 and 4-6 of 8-year certificate term)
 - b. There are two (2) pathways in which a diplomate may meet this requirement based on their professional activity.
 - i. Full Scope Clinical Practice
 1. Diplomates not meeting the requirements in limited scope/non-clinical family medicine practice pathways below.
 2. Protocol for each three-year cycle
 - a. Completion of a clinical OCCAP module
 - i. An OCCAP measure set will be completed (data from 20 charts is entered for the measure set) for the OCCAP module;
 - ii. The diplomate will receive a performance analysis report from the AOA;
 - iii. The diplomate will then complete a web-based AOBFP approved educational unit referable to this module.
 - iv. After completion of the educational unit and the submission of an intervention plan, the diplomate will then enter the final data sets from an additional 20 charts;
 1. The second data set must be entered no sooner than 3 months (90 days) from the time of the first data set.
 2. The diplomate will receive a comparison report from the AOA. This date will be trended by the AOBFP.

- v. Following verification of data entry, the diplomate must pass an AOBFP web-based exam based on the educational unit for that module;
 - vi. Results will be reported to the diplomate from AOBFP;
 - vii. Module complete status will be recorded on the AOA MY OCC tracker
 - b. Completion of one approved “professionalism” AOBFP OCC module.
- ii. Limited Scope/Non-Clinical Family Medicine Practice (must provide documentation to AOBFP verifying limited/Non-Clinical practice)
 - 1. Diplomates devoting 90% or greater of time in clinical practice of non OCCAP areas (i.e. Occupational medicine, sports medicine, wound care, etc.).
 - 2. Diplomates who do not have access to a sufficient quantity of patient data relating to topics covered by OCCAP modules. Examples:
 - a. Diplomates in academic positions such as directors of medical education, academic deans, associate deans and assistant deans;
 - b. Diplomates who are health care executives or medical directors;
 - c. Diplomates who are federal employees (i.e. Physicians employed by the Veterans Administration) and may be restricted by law from abstracting practice data;
 - d. Diplomates who serve as faculty in MBA or other administrative educational problems.
 - 3. Protocol for each three-year cycle requirement
 - a. Completion of two (2) educational modules that include a virtual patient encounter in major family medicine content areas as developed by AOBFP.
 - i. After completion of the educational unit, the diplomate will complete an AOBFP web-based exam based on the educational unit
 - ii. Results will be reported to the diplomate from AOBFP
 - iii. Module completion status will be recorded on the AOA my OCC tracker.
 - b. Completion of one approved “professionalism” AOBFP OCC module.

3. Phase-In requirements for full scope clinical practice starting with initiation of OCC Process Jan. 1, 2013 thru Dec. 31, 2020. (As of Jan. 1, 2021, this phase-in requirement will sunset.)
 - a. For those diplomates with certificate expiration dates in 2019 or 2020: Completion of four OCC modules (two clinical and two professionalism) will be required prior to their next recertification.
 - b. For those diplomates with certificate expiration dates in 2016, 2017, or 2018: Completion of two OCC modules (one clinical and one professionalism) will be required prior to their next recertification. For diplomates with certificates expiring in 2016, 2017, or 2018 the cognitive exam may be completed before full completion of the modules.
 - c. For those diplomates with certificate expiration dates in 2013, 2014, or 2015: No modules will be required until next recertification cycle

4. Phase-in requirements for limited scope/non-clinical practice starting with initiation of OCC process Jan. 1, 2013 thru Dec. 31, 2020. (As of Jan. 1, 2021, this phase-in requirement will sunset.)
 - a. For those diplomates with certificate expiration dates in 2019 or 2020: Completion of six OCC modules (four clinical patient scenarios and two professionalism) will be required prior to their next recertification.
 - b. For those diplomates with certificate expiration dates in 2018: Completion of three OCC modules (two clinical patient scenarios and one professionalism) will be required prior to their next recertification.
 - c. For those diplomates with certificate expiration dates in 2016 and 2017:
Two professionalism modules will be required
 - d. For those diplomates with certificate expiration dates in 2013, 2014, or 2015:
No modules will be required until next recertification cycle.

5. Diplomates wishing to complete Component 4 of OCC under the limited scope family medicine practice or non-clinical practice pathways} must apply in writing to the AOBFP during the first year of their recertification cycle for approval of their pathway status. Clear documentation of the inability to extract practice data is the responsibility of the candidate for OCC and must accompany the written application.

6. If a candidate fails to meet the first 3 year cycle requirement, their certificate will lapse after the 4th year of their OCC process. If a candidate fails to meet the second 3-year cycle requirement, their certificate will lapse after the 7th year of their OCC process. During the phase-in period, no certificate will lapse due to falling behind on the three-year cycle requirement.

For candidates whose certificates have lapsed, in order to be reinstated in the OCC process, the candidate must complete two OCC modules in 1 year. After completion of two modules they will be eligible to apply to take the cognitive and performance examination. This must be done within one year of completion of the modules. Successful completion (including passage of both exams) will allow the candidate to be reenrolled in the OCC cycle as outlined in the AOBFP Website.

AOA CME CREDITS EARNED

CME hours will be earned for the following components –

OCCAP Clinical modules – Full scope diplomates: 20 Category 1-B credits after 2nd chart abstraction; 1 Category 1-B after completion of ACOFP educational unit. CME credits to be determined for educational modules completed by Limited Scope and Non-Clinical pathway diplomates upon availability of those modules.

Professional modules – Cultural Competency – 3 Category 2-B credits for each theme or stage completed in ‘A Physician’s Practical Guide to Culturally Competent Care’ (website – www.thinkculturalhealth.hhs.gov); Communication – est. 5-7 Category 1-B credits.

Duplication of Osteopathic Continuous Certification Assessment Program (OCCAP)

The candidate may duplicate the OCCAP information (chart abstractions) for submission to the AOA CAP (CAP for PQRS) to be used for pay for performance criteria. Currently the AOA CAP supports physician quality reporting system (PQRS) reporting for payment from CMS and will make reasonable efforts to accommodate other payment programs as identified. If and only if the candidate wishes his entered data to be shared with another vendor (so as not to duplicate work) will that be possible. The information may also be duplicated for submission to the AOA CAP (CAP for physicians), resulting in 20 1-B CME hours awarded by the AOA for each measure set completed. It is the candidate’s responsibility to consult with the AOA, prepare and submit the data, and pay their fees (CAP participation) for the duplication of information for other programs.

OCC Reentry Process (As stated in BOS Policies & Procedures)

For physicians whose time-limited certification has been deemed inactive for any reason may petition the Certification Compliance Review Committee to reactivate the certification. This process also applies to non-clinical and academic physicians reentering clinical practice and to former non-time-limited certificate holders who did not maintain their board certification as required.

- a. Physicians reentering the certification process within three (3) years of the expiration or inactivation of their certification may reenter the process by sufficing any outstanding OCC

requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied.

- b. Physicians wishing to reenter the certification process three (3) or more years following the expiration or inactivation of their certification must take the AOBFP Component 3 cognitive assessment at the next available administration and immediately begin the OCC process through participation in a Component 4 activity. Additional remedial activities such as training or CME may be required by the AOBFP.

Component 5 – Continuous AOA Membership

A candidate must be a current member in good standing of the American Osteopathic Association or the Canadian Osteopathic Association for a continuous period once initial certification is awarded. The status of a diplomate's AOA membership will be verified throughout the cycle by requesting verification of membership with each completion of an OCCAP measure set and prior to the completion of the cognitive portion of the exam.